WRITE

PLEASE

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

11995 or. Dist. No. 2400

1. PLACE OF DEATH: County	rset
City or town. City o	rset
Pural Lanckin Md Siret No.	
Pural Lanckin Md Siret No.	
Pural Lanckin Md Siret No.	l give nearest town)
(if rural, give LOCATION)	
How tong in hospital or institution?	
3. (a) FULL NAME	ecurity Number
EVA S. BEAUCHAMP	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION	ON
Female White Widowed 20. DATE OF DEATH. Feb 10	, 47 10:30
6.(b) Name of husband or wife. Samuel Beauchamp 21. I CENTIFY that death occurred on the date above stated; that latte	nded deceased from
6.(b) Name of husband or wife Deceased 6.(c) If alive, give age years	19.
7. Birth date of deceased (mo., day, yr.) July 11, 1876	19.427
8. AGE: Years Months Days If less than one day	DUBATION
70 7 29 hrs. min.	1 day
9. Birthplace Fairmount-Somerset-Md. Due to Coronary Columnia (Town, county, and state)	
Housework	
10. Usual occupation. Due to.	
11, industry of dusiness	
T 12. Maile	
(Include management within 2 months of douth)	
14. Maiden name Nancy Hurley	
14. Maiden name Nancy Hurley 15. Birthplace Fairmount	
Flwood Beauchamp	υμ
10, informant	charged statistically.
Address Meditorii, Mat.	
DU [18]	
(City or town) (County)	(State)
Location Fairmount, Md. Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director H. Harvey Bradshaw Meens of Injury Injured 21 w	rork?
Address Crisfield, Ad. / I I we had	Tu un
17. 13 42 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Feb. 11.19

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BUREAU VA

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37-0

CERTIFICATE OF DEATH

01999

1. PLACE OF DEATH: C.O.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City er town Marcian Sta. Md.	State Maryland county
(If outside city or town limits, write RURAL and give nearest town)	
How long in abeve place of death? The first terms of the state of the	(If outside city or town limits, write RURAL and give nearest town)
nuspital, institution, or attest address where death occurred.	Street He.
New long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Vocac 19 Bivens	3. (b) Social Security Number
4. Sex Made 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Colored Widowd	20. DATE OF DEATH. Jeb 19 19.47 at 1/30 pm
Idea i Bank	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Hame of husband er wife.	Liberty that death occurred on the date above stated, that I alrended deceased from
7. Girth date ef	and that I last saw h alive en Feb 18
deceased (mo., day, yr.) 900 /846	Immediate cause of death Olechand Manual DURATION
8. AGE: Years Months Days if less than one day	We seed to a case of season with the season of the season
91hrsmin.	
9. Birthplace. hOlalisland Md (Town, county, and state)	Due to Janual acts believes
10. Usual occupation Pastor	11/ 200
11. Industry or business	Due to live Dipocasello Fell V
12. Name William Bivens 13. Birthpiace Blalisland M	(Include pregnancy within 3 months of death)
# 14. Maiden name Dester Bivers	
15. Birthplace Wealisland mel	Major findings of operations.
18. Informant	Antopsy results
Address Marion That.	
(Burial, cremation, or removal. Which?) Bate thereef	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removai. Which?) (month) (day) (year)	Accident, suicide, er hemicide
Cemetery er crematory Tonily Cultury	Where did injury occur?
Location munim mo	Injured at home, farm, industry, public place (where?)
16. Funeral director bee W Tilglisson	Means of injury Injured at work?
m (Jen)	
Address Marion !- The .	23. SIGNATURE December Quelhantes
19. 7/24 147 Cang Mulson	M. D. or other
(Dnto rec'd by registrar) Registrar	Address Museum Vis Well- Date signed Life 20 4!

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FEB 25 1945 ARFAU V.S.

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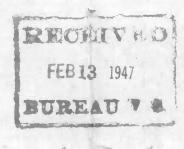
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 956)

CERTIFICATE OF DEATH

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Reg. Diat. No. 268

1. PLACE OF DEATH: County Manual Medical County of the Manual Medical Medical County of the Manual Medical Medical County of the Manual Medical Medica		
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Regulat, Institution, or street address where death occurred: New long in heapital or institution? 2.(a) If retera, name war 3. (b) Social Security Number	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or institution? 3. (a) FULL NAME The data a Sivered 3. (b) Social Security Number 3. (c) FULL NAME F. Solor or race 8. (a) Single, married, widowed, or divorged F. Solor or race 8. (a) Single, married, widowed, or divorged F. Solor or race 8. (a) Single, married, widowed, or divorged MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. TOERTIFY that death occurred on the date above stated. that perhydred deceased from the date above stated. That perhydred deceased from the date above stated. That perhydred deceased from the date above stated. The following stated to the date above stated. The following stated deceased from the date above stated. The following stated deceased from the date above stated. The following stated deceased from the following stated deceas	Hospital, Institution, or street address where death occurred:	Streel No.
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8. (a) Name of horsband or wife. 8. (b) Name of horsband or wife. 8. (c) Halve, give age. 9. Birth date of deceased (mo. day, yr.) 9. Birthplace (Town, county, assistate) 10. Usual occupation. 11. Industry or businese 12. Name 13. Birthplace 14. Name of horsband or wife. 15. Birthplace 16. Informant 17. Name of horsband or wife. 18. AGE: 18. AGE: 18. AGE: 18. Birthplace 19. Washington and or wife. 19. Washington and or wife. 10. Usual occupation. 10. Isual occupation. 11. Industry or businese 12. Name 13. Birthplace 14. Name of horsband or wife. 15. Birthplace 16. Informant 17. Name of horsband or wife. 18. Birthplace 19. Washington and or wife. 19. Washington and or wife. 11. Industry or pusinese 11. Industry or pusinese 12. Name of horsband or wife. 13. Birthplace 14. Name of horsband or wife. 15. Informant 16. Informant 17. Name of horsband or wife. 18. Washington and or wife. 19. Washington of uperations. 19. Washington and or wife. 11. Usual occupation. 11. Usual occupation. 12. Name of horsband or wife. 13. Washington and of horsband or wife. 14. Name of horsband or wife. 15. Informant 16. Informant 17. Name of horsband or wife. 18. Washington and of horsband or wife. 19. Washington of uperations. 19. Washington of uperations. 19. Washington of uperations. 11. Usual occupation. 11. Usual occupation. 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 18. Funeral director 19. Washington of uperations. 19. Washington of uperations. 19. Washington of uperations. 19. Washington of uperations. 10. Usual occupations. 10. Usual occupations. 11. Industry of business. 12. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director 19. Washington of uperations. 19. Washington of uperations. 19. Washington of uperations. 10. Usual occupations. 10. Usual occupations. 10. Usual occupations. 11. Industry of uperations. 12. VIOLENCE: If death was due to external causes, fil	How long in hospital or institution?	2.(a) If veteran, name war
6.(b) Name of hurband or wife. Molisce Molisce Molisce Molisce Molisce Size Section of the State of deceased from Size Section (Soc. 24). Soc. 24 Section Size Section (Soc. 27). Soc. 25 Section Size Section (Soc. 27). Soc. 26 Section Size Section (Soc. 27). Soc. 27 Section Size Section (Soc. 27). Soc. 27 Section Size Section (Soc. 27). Soc. 28 Section (Soc. 27). Soc. 28 Section (Soc. 27). Soc. 29 Section (Soc. 27). Soc. 20 Section (Soc.	Mystle Thedasia Divens	3. (b) Social Security Number
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10. Usual occupation	0-1111111111111111111111111111111111111	De la
11. Industry or business 12. Name	S. B. M. C.	Due to. A. Mellinatte
11. Industry or business 12. Name	10 House accupation Domestic	
Dither conditions 12. Name 13. Birthplace Doal Island Md. (Include pregnancy within 3 months of death) 14. Maiden name Use see Date Date See Date Md. 15. Birthplace Charle Md. 16. Informant Melvin Bire Name Address Charle Md. 17. Charles Charle Md. Date of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suickle, or homicide Cemetery or crematory. Cemetery or crematory. Date thereof. County Mere did Injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Msans of Injury Injured at work? 23. SIGNATURE Mulliam M. Gray Md. M. D. or other		Oue to fluendly Pener
14. Maiden name. Use 2 attends 15. Birthplace Charle Ma. 16. Informant. Melvin Birthplace Ma. 16. Informant. Melvin Birthplace Ma. Address Charle, Ma. 17. Brishplace Charle, Ma. 18. Eliand, cremation, or removal Which?) 19. Funeral director. Address Marion Star, Ma. 19. Held Maiden name. Use 2 Started Ma. (Include pregnancy within 3 months of death) Majur fiadings of uperativus. Date of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Misans of Injury injured at work? 23. SIGNATURE. Mullian M. Gray Ma. Mispur fiadings of uperativus. Date of op. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mispur fiadings of uperativus. Date of op. Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mispur fiadings of uperativus. 23. SIGNATURE. Mullian M. Gray Ma. Majur fiadings of uperativus. Date of op. Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mispur fiadings of uperativus. 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mispur fiadings of uperativus. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 24. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Oate of county of the factor of th		Bitter conditions
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Address Charle, Manager of the following: 17.	16. Informant Jelvu Buch	Autupsy results
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Location De algorithms (March 1997) 18. Funeral director Charles Home, farm, Industry, public place (where?) Msans of Injury Injured at work? 19. Hely 11 1947 Rosa Welsater	(Buriai, cremation, or ramoval Which?)	
18. Funeral director. Charles H. Ward Address Mariow Star, Md. 19. Hely 11 1947 Rosa Welsater 19. Hely 11 1947 Rosa Welsater Msans of Injury Injured at work? 23. SIGNATURE Richard M. Gray hely M. D. or other 24.11/47	Cemetery or crematory.	(City or town) (County) (State)
18. Funeral director. Charles Mariow Star, Md. Address Mariow Star, Md. 19. Hely 11 1947 Rosa Welster 23. SIGNATURE Assignment M. B. or other M. D. or ot	Location Deals Usland, Mg.	Injured at home, farm, Industry, public place (where?)
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19. Hely 1 1847 400a Wellalis fallowing and Date signed 2/11/47	ADDIESS PRACTICAL CONTRACTOR OF THE CONTRACTOR O	23. SIGNATURE THURSAM N. Pray M.D. or other
	19. H.M. Date rold by registrar) 1947 Wood Wellaws Registrar	Address fallowing had Date signed 2/11/47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore	131-8
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02001 Dist. No. 2680

CERTIFICAT	E OF DEATH Reg. Dist. No. 20	0
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
How long In hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME Lutisia Church	3. (b) Social Security Number 217-10-8074	4
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Mangued	MEDICAL CERTIFICATION 20. DATE OF DEATH. Z. L. 28 4 P.) I
8.(b) Name of husband or wife Assachuse Chauch Glasses L. 9 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47 to 7.42 19.47 and that I last saw h	t7
7. Birth date of deceased (mo., day, yr.) Head 15-1907 8. AGE: Years Months Days If less than one day 5-1907	Immediate cause of death Chromas My c'an ditto DURATIE 746	DN
9. Birthplace	Due to Chance Peumelymotories Juli-	47
11. Industry or business 12. Name Figure Manage Manage Manage	Due to	
13. Birthplace Chance Mid 14. Maiden name Lasala Procession Inches	(Include pregnancy within 3 months of death)	
16. Informant Lillie Mustites	Autopsy results	
Address Oak (Salara Date thereof Mars 5 1945 7 (Burlai, eremstion, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory St. Bhanks Carried Torridge	Where did Injury occur?	
18. Funeral director Blass H. William	Msans of Injury injured at work?	
19. Marion 19.4.) Rosa Welster (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. T. How with Letter M. D. or other Address Dycl foliate Mcl Bate signed.	±7

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MAR 5 1947

BUREAU 8

2411 N. Charles St., Baltimore

02002 Rog. Dist. No. 2650

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Yal County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Canqued
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street No. 131 scales and
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Both, how years.	
4. Set 5. Color or race (a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Leure Libite Send	20. DATE DE DEATH & 19 47 31 4 34 1 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	Jan, 24 1976 10 7 16 3 1947
7. Birth date ot	and that Wast saw h. A. alive on . # 19.4.7.
deceased (mo., day, yr.)	
8. AGE: Years Months Days tt less than one day	Immediate cause of death, DURATION
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Z	
9. Birthplace (Town, county, and state)	Due to the mine trapheter 18 ms-
C. I)	Α
10. Usual occupation.	Due to Asless 7 X Lung - Papeloughets 15mg
11, Industry or business Ses -	
E 12. Name Marky . S. Water	174a 174a
12. Rame.	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations
14. Maiden name Sanchu 3 firster 15. Sirthplace Confidence Tool	Date of op.
Sarah A Nach	Antopay results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (majored me	22. VIOLENCE: If death was due to external causes, fill in the following:
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(Burlal, cremation, or remova, Which?) Date thereof (month) ((day) (year)	Accident, suicide, or homicide
Cemetery or crematory Alexania Rician	Where did injury occur?
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Location	
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19 1414 1 10 Walky 6. Tranks	M. D. or other
(Date rec'd by registrar) Registrar	Address Oate signed Tyley 15 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

9-45-15M

VS A15

FEB 24 1947 BULEAU V 8.

PLEASE AS

WRITE

MARYLAND	STATE	DEPARTMENT	OF	HEALT
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2411 N. Charles St., Baltimore Bl-

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Somerset Rural, Marion, Md.		2. USUAL RESIDENCE (HOME) (For newborn infants give residence State Maryland	of mother)			
Hospital, Institution, or	outside city or town le of death?	etime death occurred	urion, Md,	City or town. Rural, (If outside city or town liv	Marion, Md. mits, write RURAL and give new Oqua give LOCATION)	arest town)
3. (a) FULL NAM			RGINIA HILL		3. (b) Social Security	Number
Female	5. Color or race White		e, married, widowed, or divorced	MEDICAL 7eb	CERTIFICATION 8	8000
	Fal		t) If alive, give ageyears	and that I last saw hative on	above stated; that I attended dece	19.4
8. AGE: Year		Days 18	If less than one dayhrsmin.	Immedia: cause of death. Sun	y Huly	DURALIUM
B. Birthplace	Housew Home	county, and a		Bue to Chuse Brayes Bue to Out up Bue to	els flula	5 pur
12. Name	Wicomi	co Co E. Fo	., Md. rd	Other conditions (Include pregnancy within Major findings of operations.		Jeus
16. Informant	Mrs. T	hurma	n Taylor	Antopsy results	which death should be charged	
1T(Burlal, cremation	ory	uls C	end 6, 1947 (month) (day) (year) emetery	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	(State)
Location	H Har	vey B	on, Md. radshaw Md.	Injured at home, farm, Industry, public place Means of Injury	(where?) Injured at work?	
19. (Date rec'd by r	egistrar)	Ja,	A Milson Registrar		M.D. view maje signed.	or other

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correct age

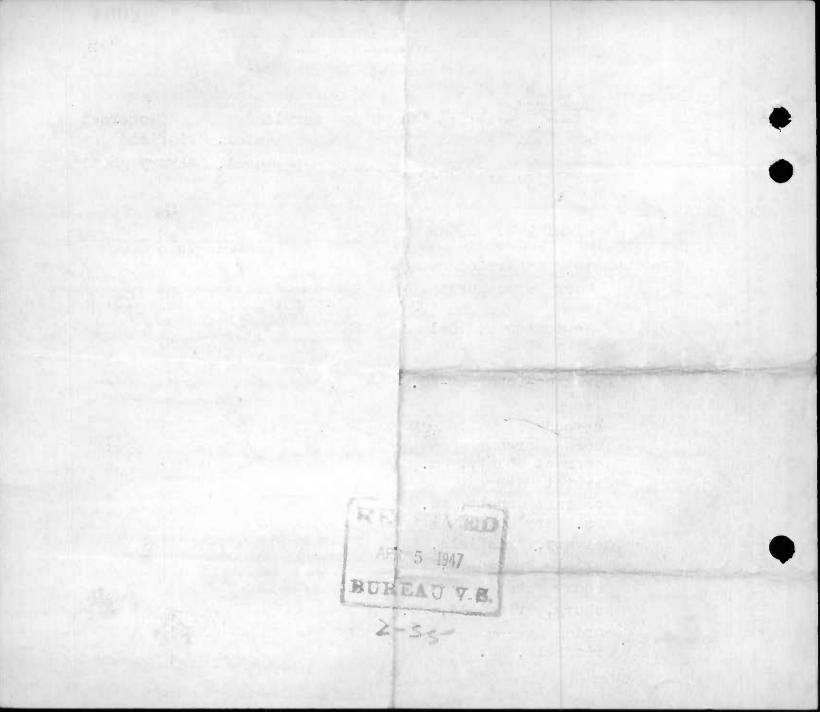
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bra

CERTIFICATE OF DEATH

Reg. Diat. No. 2457

1. PLACE OF DE	ATH: Some	erset	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
Dunel Cricfield			State Maryland	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? To years		Rural	risfield	
How long in above place of death? 75 years		City or town Rural, C	its, write RURAL and give nearest town)	
Hospital, institution, or	street address where	death occurred:	Street No. Rural, C	alvary Section
Hospital, institution, or street address where death occurred: Calvary, Crisfield			ve LOCATION)	
How long in hospital or	Institution?		2.(a) If veteran, name war	
3. (a) FULL NAM	E			3. (b) Social Security Number
		LIAM E. MORGAN	Manual Land	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	CHEDICAL S	CERTIFICATION
Male	White	Married	2D. DATE OF DEATH. Tet &	1947.600 A
6.(b) Name of husband	or wife Mary	y Parks Morgan	21. I CERTIFY that death occurred on the date a	above stated; fhat Pattended eccased from
				9 7 19 1/21. 6 1947
T. Birth date of	Sen	tember 8, 1861	and that I last saw h. Leek allren n	781 y 6 19 4
deceased (mo., day, y		Days It less than one day	Immediais cause of death	W. W. DURATION
8. AGE: 8		28hrsmin.		
- 0				
9. Birthpiace		sco-Somerset-Md.	Due to	accura
	Water	county, and atate)	Reual de	
10. Usual occupation	Seafo	***************************************	Due to	
11. Industry or busines	8			
至 12. Name		s Morgan	Dther conditions	
12. Name	Somers	set County, Md.		
	Harri	et Darby	(Include pregnancy within	
14. Maiden name.		set County, Md.	Major findings of operatiums	
16. Intermanf	Mrs. 1	Mary Morgan	Autopsy results	
Address	Calva:	ry, Crisfield, Md.	PHYSICIAN: Please underline the cause to	
17	Buria	L Date thereof Feb 9, 1947	22. VIOLENCE: If death was due to external	
(Burial, cremation	, or removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremato	ASDUL	y Cemetery	Where did Injury occur?(City or town	(County) (State)
Location	Asbur	y, Crisfield, Md.	Injured at home, farm, Industry, public place	(where?)
16. Funeral director	Gordon	1 Lawson	Means of Injury	injured at work?
		ield, Md.	lala a	1) Val the
Address	1/2	0210011	(23. SIGNATURE) OLLO	Demouses 1
19 Jelle 9 (Date rec'd by re	19	Red. Johnson In	Address Missell	West Bate signed Tol. 6/47
(Date lee of Dy le		The state of the s		



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0 CERTIFICATE OF DEATH

02005 Reg. Dist. No. 2700

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 3 cmesset	
City or town	State Manyland County Strongersold
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Cosessaco
	(If rural, give LOCATION)
How long in hospital or tosfitution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Sex	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH Heb. 10, 19.1.7 , 217: 30A
Dante Co. Co.	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from
6.(b) Name of husband or wife 190tha: Th	Dec. 5, 19/16 to Feb. 6, 19/17
7. Birth date of (0.2.2.4.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4.5.4	and that I last saw him alive on Teb. 6.9. 19 1.7
deceased (mo., day, yr.) Colobary 6 1876	Comomomy Whanharin
8. AGE: Years Months Days If less than one day	Immediate cause of death Out Office Cause Out Out Office Cause Out Out Office Cause Out Out Office Cause Out
10 4 Hhrsmin.	
Am delination	Arteriosclerotic heart
9. Birthplace County, and state)	disease Unknown
1D. Usual occupation Les de Transce	7,111110 1111
(Due fo
1f. Industry or business	
12. Name andrew Regard	Other conditions.
\$ 13. Birthplace Cus Lee & Q Q	(Include pregnancy within 3 months of death)
14. Maiden name Landu Madday	Major findings of operations
= 15. Birthplace County & Co	Date of op.
16. Informant Ruby Sources	Aotopsy results.
0, 1 (11 C. " for 20 ()	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Carabo Smith of the	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (mooth) (day) (year)	Accident, suicide, or homicide
, , , , , , , , , , , , , , , , , , , ,	Where did Injury occur?
Cemetery or crematory (1940)	
Location Lesson Lesson Man Comments	Injured at home, farm, Industry, public place (where?)
18. Funeral director Adams and Di Adams Canad	Means of injury Injured at work?
0-	33 SIGNATURE M. G. Chambers M. D.
Address (red) (a)	
19. 2/1/47) 19 / (gather - rangelis	Ewell, Md. By Stranger 2/11/47
(Date rec'd by registrar) Registrar	Address

EB 24 1947.

2411 N. Charles St., Baltimore 83-0

M. D. or other

.Date signed.

orrect	CERTIFIC	CATE OF DEATH Reg. Di
on carefully. The correlearly and legibly	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
ormati death	3.(a) FULL NAME Lashington Ra	3. (b) Socia
WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please Write the causes of death clearly and legibly.	4. Sex Sex Se	and that I last saw h
	Address Princess Come Md. Kt.	Antopsy results
CAINLY	17 Burial Date thereof File 25, 194	22. VIOLENCE: if death was due to external causes, fill in the foll

State Maryland Con	nly Somero	1
City or town (If outside city or town limits	, write RURAL and give near	est town)
Street No.		
(If rural, give		
2.(a) If veteran, name war		
	3. (b) Social Security N	umber
		- 7
MEDICAL CI	ERTIFICATION	
20. DATE OF DEATH	3 19 47	al 4 an
21. I CERTIFY that death occurred on the date abo	ove stated; that I atlended deceas	sed from
19	, to	19
and that I last saw haliye on	el Hunonh	Q19
Immediate canse of death.	re Junion	DURATION
Testin felin		***************************************
Due to. United A Clary		*******************

Due to		
	,	
Other conditions		***************************************
(Include pregnancy within 3 r	months of death)	
Major fiediegs of operations		
	Date of op	
Antopsy results	hich death shoold be charged s	tatistically.
22. VIOLENCE: if death was due to external cau		
Accident, sulcide, or homicide		
Where did injury occur?(City or town)		(State)
Injured at home, farm, Industry, public place (w		
Means of Injury	Injured at work?	

PLEASE WRITE P

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VS A15



2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Somerset	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	State Maryland county Somerset		
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	Rural Pocomoke Id		
30 minutes	City or town (If outside city or town timits, write RURAL and give nearest town)		
How long in above place of death?	Route #1		
Princess Anne, Rural	Sireet No		
	(If rural, give LOCATION) 2.(a) If veteran, name war. World War II		
How long in hospital or Institution?	2.(-) II return, name was many many many many many many many many		
3.(a) FULL NAME Jerome M. Shepherd	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	750 28 W7 30 F		
	20. DATE DF DEATH		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of Dog ombon 15 1022	and that I last saw h alive se		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediair cause of death DURATION		
24 2 6			
Pocomoke RFD-Somerset-Md.	A acoused & sad		
9. Birthplace (Town, county, and atate)	Due to		
Meat Curer			
1 D. Usuaf occupation	Oue to		
11. Industry or business Packing			
Jerome Shepherd	Other conditions		
Jerome Snepherd 12. Name Baltimore, Md.			
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations		
Sarah Cottman 14. Maiden name Pocomoke, Md.	Oafe of op.		
16. Informant Mrs. Ida Bivens	Autopsy refults		
Rt. 1 Pocomoke Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial (Burial cremation or removal Which?) But thereof March 3, 1947 (month) (day) (year)	explicit blaids or homicide acceivent pair of 2/28/47		
(Burial, cremation, or removal, Which?) (Cemelery or crematory, Chapel Cemetery)	Where did Injury occur? New York ar town) (County) (State)		
	(city of down)		
Pocomoke, Maryland	anjured attigme, farm, industry, public place (where?)		
18. Funeral director H. Harvey Bradshaw	Magins of Thiury auto accident injured at work?		
POCOMOKA Wary and	35 01 5 2. 11 . 12.		
Address	23 SIGNATURE ACT ME CONTINUE TO THE STATE OF		
march 3 , 47 N. Johnson M	M. D. or other		
(Date rec'd by registrar)	Address & recent line 2001 Oate signed 3/3/47		

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully. In the Physicians: please write the causes of death clearly and legibly

orrect age

PLEASE WRITE PLAINLY, WITH UNis especially important

VS A15



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02007650 Reg. Dist. No. 2650

1. PLACE OF DEATH: County City or town. (If outside city or form limits, property of the Rural and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Of Maryland
How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution?	City or town (if outside city or town lights, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(4) If veteran, name war.
3.(a) FULL NAME Low P. Shor	3. (b) Social Security Number
4. Sex 1. Sex 1. Sex 1. Solor or race 6. (a) Single, married, widowed, or divorced Surges	MEDICAL CERTIFICATION 20. DATE OF DEATH.
7. Birth date of deceased (mo., day, yr.) Not offacele	and that I last saw h alive on 19 40
8. AGE: Years Months Days if less than one dayhrsmin.	Immediate cause of death BURATION
9. Birthplace (Town county, and state) 10. Usual occupation.	Oue to
11. Industry or business 12. Name	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Margaret White 15. Birthplace Deuter Least	Major findings of operations. Oate of op.
Address Danie Learly	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. Buriol Date thereof. February (day) (year) Cemetery or crematory. Family (Drubok)	Accident, suicide, or homicide
Location Danies Flowbullo	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
18. Funeral director. Address Address	23. SIGNATURE Transplanting his
13 Mark 9 19 4 VY Ta Well Registrar Registrar	Address Que Cate signed 2/23/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70-c)

CERTIFICATE OF DEATH

Rog. Diat. No. 2,620

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate 1 County County County County City of town (if outside city or town limits, write RURAD and give housest town) Sireet No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Pustone D. Smit	3. (b) Social Security Number
4. Set 1	2D. DATE DE DEATH
7. Birth date of	and that Hast saw h
30 5 4 hrs. min.	Wereal Myurus
9. Birthplace (Town, county, and state) 10. Usuar occupation	Due to
11. Industry or business. 12. Name	Diher conditions
14. Maiden name Mystle Dickers 15. Birthplace Maryland.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Besselv British	Autopsy resulta
Address 1/5 Bank Street	22. VIOLENCE: If death was due to external causes, fill in the following: Accident spicial or homicide
Location Paral Porangelia Cate My	Injured at Bome, Tarm, industry, public place (where?)
Address Promotes the Management of the Managemen	SINTURE Moontofood We A
19. Tel 5 19 4 Mas Clayton Warts (Date rec'd by registrar)	Addres Prince Suc Mil Date signed 2/3/47

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DAY SELECTION OF SERVICES AND

S. S. Level J. 45 "

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Straust	state md county Some set
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (1f outside city or town limits, write HORAL and give nearest town)
nuspital, institution, of effect address whole seath countries.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(d) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dora & Townsend	
4. Sex 5. Color or race 6.(a) Single, married, widoweil, or divorced	MEDICAL CERTIFICATION
Female Wy widowed	20. DATE DE DEATH. July 17 18 47 21 1:25 A
8.(b) Name of husband or wife Ahm Journsend	2t. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
* (A) II allow allowed	7 cla 1947, 10 Feb 17 1947
7. Birth date of deceased (mo., day, yr.) Oct. 12 1872	and that I last saw have alive on Tales 18.4.7.
8. AGE: Years Months Days It less than one day	Immediate cause of death
75 4 5hrsmin.	The state of the s
9. Birthplace Ousfield Somerset, Ind.	Due Io
(Town, county, and state)	
10. Usual occupation Splits Shareher	Due to
tt. Industry or business	
12. Name Jaches Wald Someret Co. md.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name House Westell Longsett C. Ind,	Major findings of operations.
2 15. Birthplace Priefill formerset Co. md,	Date of op.
18. Informant J. wither A. Source all	Actorsy results.
Address 3003 Kentucky Cine,	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereas 2/18/47	22. VIOLENCE: It death was due to external causes, till in the following:
(Buriai, cremation, or removal. Which?) (month) (day (year)	Accident, suicide, or homicide
Cemetery or crematory. At Julian	Where did injury occur?
Location A L # 2	Injured at home, farm, industry, public place (where?)
18. Funeral director Sources of Berleband	Means of Injury Injured at work?
Address 306 Main St.	2n-Pentenm.
10 2/19/47 10 folls that tenadio	23. SIGNATURE: M. D. oppthyr
13. manufacture de la constant de la	" REPRESALIANTA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The entering is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

02012

Reg. Dist. No. 2610

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
	State La County Lane
City or town	City or town
Now long in above place of death?	
	Street Ho
How long In hospital or testitution?	2.(a) If veteran, name war
3. (a) FULL NAME Traller balker	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mal led whour	20. DATE DE DEATH FLD 25 1647, at 110
B, (b) Name of husband or wife . Don't flow	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Ich 1 1947 10 74 25 1947
7. Birth date of S. (c) If alive, give age years	and that I last saw had alive on 700 1947
deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day	Immediate cause of death
00	and De 7 Hul
7. Ihrs,min.	Immy collect
9. Birthplace	Due to alma dry and lis
10. Usual occupation.	Oliva Det uplaclo Jenis
	Due to
11. Industry or business	
12. Name De tour	Other conditions the same and t
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
≥ 15. Birthplace	Date of op
18. Informant De de Constorne	Antopsy results
Address Thomas & me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Burns Date thereof Del 26- K7	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remova). Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory.	Where did injury occur?
Location The South Ke The	tnjured at home, farm, industry, public place (where?)
John Ol Tilaling	Means of Injury Injured at work?
18. Funeral director	1. 00
Address	23. SIGNATURE Lucge To Lychnym m S
19. Holef 197 -ma Miloson	M. D. or other
(Date rec'd by registrar) Registrar	Address Mumm Dato on D Date signed 26 7

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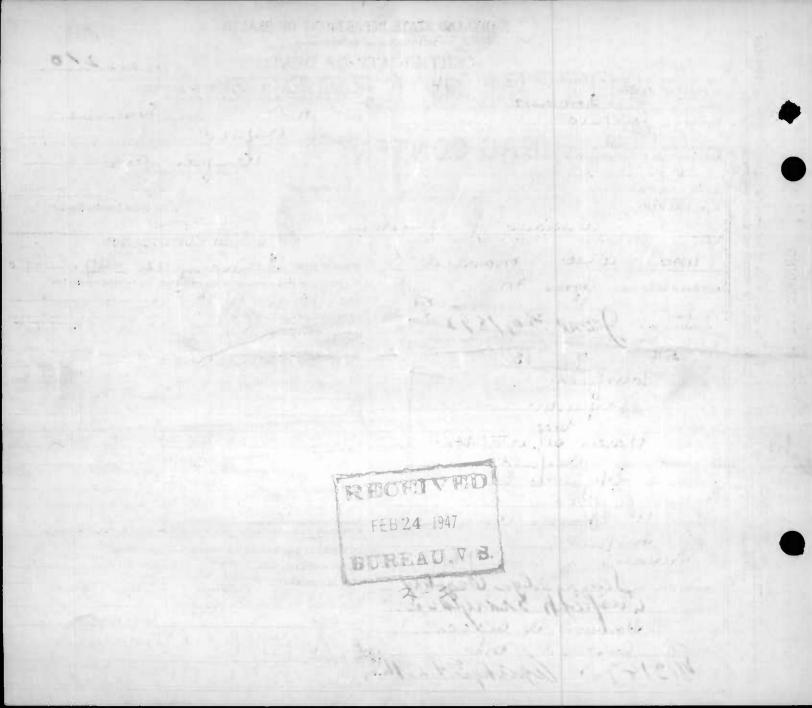
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CERTIFICATE OF DEATH

2			7-
		7	7750
	Reg. Dist.	No.	, ,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside ety or town limits, write RURAL and give nearest town)	State County Services
How long in above place of death Hospilal, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married vidowed, or divorced	MEDICAL CERTIFICATION
make white married	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the day above stated; that t attended deceased from
6.(c) If alive, give age years	woo k w party
7. Birth date of deceased (mo., day, yr.) June 30, 1892	Jangediate cause of trail Ouration
8. AGE: Years Months Days If less than one day 5 4 7 } 8	Colonian
	Due to
(Town, county, and state)	occurson
to. Usual occupation	Due to
11. Industry or business	
# 12 Name Charles DI Charles	Oll Months & Substitute & Subst
13. Birthplace Crustice	And Hamping Nation months of death MINER
# 14. Malden name Chraette to	Major findings of operationary MEDICAL EXAMINER DEPUTY MEDICAL COUNTY MD DEPUTY Oate of op.
14. Malden name Charles to	DEPUTY TOURITY.
to thormant w Thornas Was tons	Majur findings of operation WITY MEDICAL DEPUTY MEDICAL Oate of op. Autupsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Cres Leed	
(Burial, eremation, or repoval, Which?) Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or hardicale
Cemetery or crematory Adams and Complexy	Where did injury octur? (City or town) (County) (State)
Location Cristians Thatigans	Injured at home, farm, industry, public place (where?)
18. Funeral director Markon and De Willeam	Meens of Injury Injured at work?
Address June of The	M 22 4 Parrenamer
10 4/3/47 10 Wathy E Tun Ha	2) SIGNATURE DE SIGNATURE DE OTOTOR DE LA M.D. or other

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



NG INK. Supply every item of information carefully. The cians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

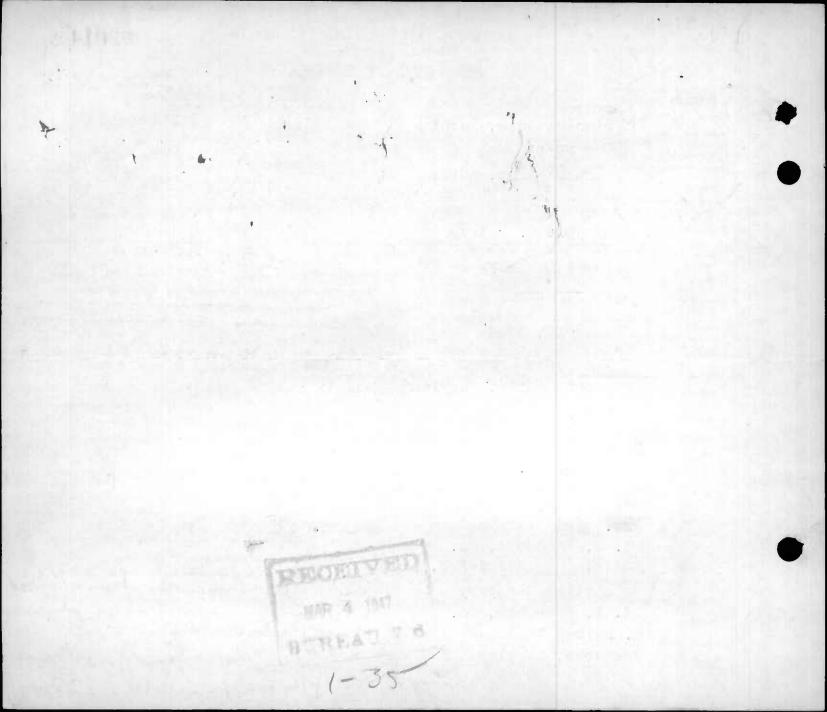
2411 N. Charles St., Baltimore 170-0

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

(12114 Reg. Diat. No. 2600

County	Somer	set			its give residence of		
Oliver Annual	Prince	ess A	nne, Rural	State Maryla	ind Cou	Somerset	
City or town(If or	tside city or town	imits, write	RURAL and give nearest town)	City or town Rura	1, Pocon	noke, Md.	
How long in above place	of death?	iu tes	nne, Rural RURAL and give nearest town)	(If outsid	de city or town limit	s, write RURAL and give r	nearest town)
Hospital, institution, or	street address where	death occurr	nne, Rural		e #1	***************************************	
			inio, italiai		(If rural, give	LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	MOLTG	war 11	
3. (a) FULL NAME						3. (b) Social Securit	y Number
	Theode	ore R	. Waters				
4. Sex	5. Color or race		gle, married, widowed, or divorced	1	MEDICAL C	ERTIFICATION	
Male	Colored	9 0	ingle		Le Dage	ckin icarion	- 2 m. F
Mare	0010160	1 5	THETE	2D. DATE DF DEATH	16 18	18	7 3 50 1
6.(b) Name of husband	- wita		000	21. I CERTIFY that death oc	curred on the date abo	ove stated; that I attended ut	ceased from
						, iv	19
7. Birth date of			.(c) If alive, give ageyear	and that Liest som h	ore tile Distriction		19
deceased (mo., day, yr		23,		Immediate cause of death.			DURATION
8. AGE: Years		Days	If less than one day	Broken	ruck	4	
22	8	5	hrs min	fres	elieres	1 skull	
	Somerse'	t Cou	ntv. Maryland	Due to			
9. Birthplace	(Town	county, and	nty, Maryland	one to		••••••	
1D. Usual occupation	Farmer				************************	***************************************	*****
11. Industry or business		ture		Due fo		***************************************	*****
11. Industry or business	Hamvoy	Vater	S			***************************************	
12. Name	Harvey V	74 UCI		Dther conditions			*****
13. Birthplace	Pocomok	e, Md	a		pregnancy within 3	months of doubh	
H 14. Malden name	Elsie Pi	irnel	1				
	Berlin,	Md.				••••	
≥1 15. Birthplace	Mrs. El:		ntoma			Date of op	
16. Interment				Actorsy results		hich death should be charge	ad atatisticalle
Address	Rt. 1, 1	Pocom	oke, Md.				ed statisticany.
17(Burial, cremation,	Burial		March 3, 1945	22. VIOLENCE: If death w	1.	A 1	2/20/00
17(Burial, cremation,	or removal. Which	Date th	ereot March 3, 1947	Accident, suicide, or homic		Lent Dat Dot	-///
	Unionvi:	lle C	emetery	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	en o rene		(Street)
Gemetery or Cremato	Rt. 1	Pocom	oke, Md.	Pristil Co	(City or town)	there?) (County) Injured at work?	loca
Location				Injured at home sarm, Indu	ustry, public place (N	(nerer)	
1B. Funeral director	H. Harve	ey Br	adshaw		in occi	Injured at work?	200
	Pocomok	e Ma	rvldmi /	et 000 101 51	6.	7. 11	. 2
Address	2000IIIOA	o, ma	7711	SIGNATURE	-/ M.	Jan Mar	a my
march:	8 41	K	N. Johnson 1	y. D. RY.	Sans.	74. A O M. 1	D. or other
(Date rec'd by res	ristrar)	7.1	Registra	Address 9	POPO PL	Date signe	TY A



		d leg
	WITH UNFADING INK. Supply every item of information carefully.	is assessibly important Physicians: please write the causes of death clearly and
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	INK.	ns: n
	UNFADING	ant. Physicia
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	PLEASE WRITE PLAINLY W	ic acnerially
3	WRITE	
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	- Joseph	

WARGIN RESERVED FOR BINDING

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Manyland County Domes City or town Westerner
How long in above place of death? 37 Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Leal Weta yoder	3. (b) Social Secu
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frenche white widowed	20. DATE OF DEATH February 2 3 19.4
6.(b) Name of husband or wife Daniel Co. Yolk	21. I CERTIFY that death occurred on the date above stated: that I attended the state of the sta
7. Birth date of deceased (mo., day, yr.) Warch 15, 1869	and that I last saw how alive on Feb 2 2
8. AGE: Years Months Days It less than one day	Coul Die) Years
77 11 8hrsmln.	muny
9. Birthplace mattana Tillaw, Pa (Town, county, and staff)	Clema Out reglection
10. Usual occupation.	Due fo.
11. Industry or business	Classes recealed
12. Name David Harshbarger 13. Birthplace Ca	Other conditions. Other conditions. Cereal Hundry Ainclude pregnancy within 2 months of death)
14. Maiden name Mary Jodes 15. Birthplace Todas	Major findings of operations
El 15. Birthplace	Date of op.
16. Informant Mrs. Melvin Sake	Autopsy results PHYSICIAN: Please underline the cause to which death should be ch
Address Westoner, Md Rural	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date fhereof A. L. 23/1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Holly Grove	Where did Injury occur?(City or town) (County)
location Westoner Ind Rural	Injured at home, farm, Industry, public place (where?)
18. Funeral director mangarette H. Watson	Means of Injury Injured at work
Address Posonolle city, rud.	23 SIGNATURE Suy Q Q sullans.
Jeh 27 47 and melon	23. SIGNATURE
19. (Date rec'd by registrar) Registrar	Address Minn Ho Date s

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deceased from **OURATION** mouller

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(State)

Registrar Address Mrnn 35 200 Date signed Co.

RECEIVED

MAR 4 1947

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